

AHC Fond du Lac Occupational Health

210 Wisconsin American Drive Fond du Lac WI 54937-2999 Phone: 920-907-7000

Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.

Joseph Buck

8/20/2014 1:45 PM Worker's Comp

Description: 55 year old male

Provider: Stephen G Kennebeck, PA

Department: Fdl Occ Health

Your Information

Date Of Birth Race 9/20/1958 White

Ethnicity Not of Hispanic or

Preferred Language

English-Latino Origin

Your To Do List

Future Appointments:	Provider:	Department.	Dept Phone:	Center:
8/25/2014 2:30 PM	Stephen G Kennebeck,	AHC Fond du Lac	920-907-7000	FDL
	PA	Occupational Health		
8/5/2015 4:00 PM	Paul S Bernstein, MD	AHC Fond du Lac	920-907-7000	FDL
		Cardiology		

Follow-up

Return in about 5 days (around 8/25/2014).

Conditions Discussed Today or Order-Related Diagnoses

Low back strain, initial encounter - Primary

Your Vitals Were

BP 110/70 Pulse 70

Temp 97.7 °F (36.5 °C) (Oral) Resp 16

Height 5' 11"

Weight 168 lb

BMI

Smoking

Status

23.44 kg/m2

Current Every Day Smoker

Current Medications (as reported by you and your prescribing providers):

Disp HYDROcodone-acetaminophen (NORCO) 5- 15 tablet Refills 0

Start 8/20/2014 End

325 MG per tablet

Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral

methylPREDNisolone (MEDROL DOSEPAK) 21 tablet

8/20/2014

4 MG tablet

Sig: follow package directions

cyclobenzaprine (FLEXERIL) 10 MG tablet

30 tablet

0

Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral atorvastatin (LIPITOR) 40 MG tablet

30 tablet

8/20/2014 7/30/2014

Sig - Route: Take 1 tablet by mouth daily. - Oral

Cur. ent Medications (as reporte y you and y	our prescribi	na providers):	Encount Encount	ter Date: 08/20/2014
Class: Eprescribe	Disp	Refills	Start	End
cyclobenzaprine (FLEXERIL) 10 MG tablet Sig - Route: Take 1 tablet by mouth 3 times Class: Eprescribe	30 tablet daily as neede	0 d for Muscle spas	7/15/2014 sms Oral	
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every 8 Class: Eprescribe	30 tablet hours as need	0 ed for Pain Oral	7/15/2014 I	no anno anno anno anno anno anno anno a
aspirin 325 MG tablet Sig - Route: Take 325 mg by mouth nightly Class: Historical Med	- Oral			
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take 1 tablet by mouth as needed Class: Historical Med				
Allergies as of 8/20/2014			en e	
No Known Allergies				
mmunization History as of 8/20/2014				
Tdap	1/26/2012			
Problem List as of 8/20/2014				
Tobacco abuse disorder	A CONTROL OF THE PROPERTY OF T			
Dyslipidemia				
Family history of coronary artery disease	***************************************			
Low back strain		***************************************		
Coronary Artery Disease- Stent placement 20	009			

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Joseph Buck 8/25/2014 2:30 PM Worker's Comp Description: 55 year old male

Provider: Stephen G Kennebeck, PA

Department: Fdl Occ Health

English

Your Information

Date Of Birth Race 9/20/1958 White Ethnicity
Not of Hispanic or

Preferred Language

nic or

Latino Origin

Your To Do List

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
8/26/2014 3:00 PM	Emily M Marshall, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
9/4/2014 2:30 PM	Stephen G Kennebeck, PA	AHC Fond du Lac Occupational Health	920-907-7000	FDL
8/5/2015 4:00 PM	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

Follow-up

Return in about 10 days (around 9/4/2014).

We Ordered or Performed the Following

XR LUMBAR SPINE AP LATERAL AND OBLIQUES [IMG047 Custom] SERVICE TO PHYSICAL THERAPY [9032 Custom]

Conditions Discussed Today or Order-Related Diagnoses

Low back strain, subsequent encounter - Primary

Your Vitals Were

 BP
 Pulse
 Resp
 Height
 Weight
 BMI

 124/84
 84
 18
 5' 11"
 168 lb
 23.44 kg/m2

Smoking Status

Current Every Day Smoker

Current Medications (as reported by you and your prescribing providers):

Disp Refills Start End

HYDROcodone-acetaminophen (NORCO) 5- 15 tablet 0 8/20/2014

325 MG per tablet
Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral

atorvastatin (LIPITOR) 40 MG tablet 30 tablet 11 7/30/2014
Sig - Route: Take 1 tablet by mouth daily. - Oral

Encounter Date: 08/25/2014

Current Medications (as reported by you and your prescribing providers): (continued)

	Disp	Refills	Start	End
Class: Eprescribe				
aspirin 325 MG tablet Sig - Route: Take 325 mg by mouth nightle Class: Historical Med	y Oral			
Pseudoeph-Doxylamine-DM-APAP (NYQL PO) Sig - Route: Take 1 tablet by mouth as ne				
Class: Historical Med	odod. Ordi			
metaxalone (SKELAXIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth 3 time Class: Eprescribe	30 tablet es daily Oral	0	8/25/2014	
naproxen (NAPROSYN) 500 MG tablet Sig - Route: Take 1 tablet by mouth 2 time	40 tablet es daily Oral	1	8/25/2014	8/25/2015
Class: Eprescribe	<u>-</u>			
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe	30 tablet 8 hours as neede	0 ed for Pain Or	7/15/2014 al	
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014		•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies		•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies amunization History as of 8/25/2014	8 hours as neede	•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies		•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies amunization History as of 8/25/2014	8 hours as neede	•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies amunization History as of 8/25/2014 Tdap	8 hours as neede	•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies munization History as of 8/25/2014 Tdap roblem List as of 8/25/2014 Tobacco abuse disorder Dyslipidemia	8 hours as neede	•		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every Class: Eprescribe lergies as of 8/25/2014 No Known Allergies munization History as of 8/25/2014 Tdap roblem List as of 8/25/2014 Tobacco abuse disorder	8 hours as neede	•		

Result Summary for XR LUMBAR SPINE AP LATERAL AND OBLIQUES

Entry Date

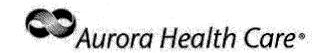
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Encounter Date: 09/04/2014



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Joseph Buck 9/4/2014 2:30 PM Worker's Comp Description: 55 year old male

Provider: Stephen G Kennebeck, PA

Department: Fdl Occ Health

Your Information

Date Of Birth Race 9/20/1958 White Ethnicity Not of Hispanic or

Latino Origin

Preferred Language

English

Your To Do List

. 8	OGI IO DO MIOL				
	Future Appointments:	Provider:	Department:	Dept Phone:	Center:
****	9/9/2014 2:15 PM	Emily M Marshall, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
	9/11/2014 3:15 PM	Emily M Marshall, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
	9/16/2014 3:00 PM	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
	9/18/2014 3:00 PM	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
	9/19/2014 10:45 AM	Richard E Sturm, MD	AHC Fond du Lac Occupational Health	920-907-7000	FDL
	8/5/2015 4:00 PM	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL
349					

Follow-up

Return in about 2 weeks (around 9/18/2014).

Conditions Discussed Today or Order-Related Diagnoses

Low back strain, subsequent encounter - Primary

Your Vitals Were

BP Pulse Resp Height Weight BMI 5' 11" 23.44 kg/m2 88 18 168 lb 112/82

Smoking Status

Current Every

Day Smoker

1043

Current Medications (as reported by you and your prescribing providers):

Disp metaxalone (SKELAXIN) 800 MG tablet

Sig - Route: Take 1 tablet by mouth 3 times daily. - Oral

30 tablet

Refills

0

8/25/2014

Start

Current Medications (as reported by you and your prescribing providers): (continued)

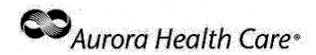
current Medications (as reported by you and yo	Disp	Refills	Start	End
Class: Eprescribe				
HYDROcodone-acetaminophen (NORCO) 5- 325 MG per tablet Sig - Route: Take 1-2 tablets by mouth every		0	8/20/2014	
atorvastatin (LIPITOR) 40 MG tablet	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily Or Class: Eprescribe			7730/2014	
aspirin 325 MG tablet Sig - Route: Take 325 mg by mouth nightly Class: Historical Med	Oral			
Pseudoeph-Doxylamine-DM-APAP (NYQUIL				
PO) Sig - Route: Take 1 tablet by mouth as needed Class: Historical Med	d Oral			
cyclobenzaprine (FLEXERIL) 10 MG tablet	30 tablet	1	9/4/2014	
Sig - Route: Take 1 tablet by mouth 3 times da		d for Muscle spas		
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every 6 ho Class: Eprescribe	60 tablet ours as neede	2 ed for Pain Oral	9/4/2014	3/3/2015
naproxen (NAPROSYN) 500 MG tablet Sig - Route: Take 1 tablet by mouth 2 times da Class: Eprescribe	40 tablet aily Oral	1	8/25/2014	8/25/2015
ibuprofen (MOTRIN) 800 MG tablet	30 tablet	0	7/15/2014	
Sig - Route: Take 1 tablet by mouth every 8 ho Class: Eprescribe	ours as neede	ed for Pain Oral		
llergies as of 9/4/2014				
No Known Allergies				
nmunization History as of 9/4/2014				
Tdap	1/26/2012			
roblem List as of 9/4/2014				
Tobacco abuse disorder				
Dyslipidemia				
Family history of coronary artery disease				
Low back strain				
Coronary Artery Disease- Stent placement 20	09			

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Thank you for choosing us for your health care needs. Please help us to ensure your records are accurate. Discuss any inaccuracies with the treating / prescribing physician or your Primary Care Provider.

Joseph Buck 9/30/2014 2:30 PM Worker's Comp Description: 56 year old male

Provider: Stephen G Kennebeck, PA

Encounter Date: 09/30/2014

Department: Fdl Occ Health

9/4/2014

Your Information

Date Of Birth Race Ethnicity Preferred Language
9/20/1958 White Not of Hispanic or English
Latino Origin

Your To Do List

	Future Appointments:	Provider:	Department:	Dept Phone:	Center:
Q.	10/2/2014 3:00 PM	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
	10/10/2014 3:00 PM	Kristina M Barrett, PT	AMCO Fond du Lac Aurora Rehab Center	920-907-7270	MCO
**	10/14/2014 1:30 PM	Stephen G Kennebeck, PA	AHC Fond du Lac Occupational Health	920-907-7000	FDL
5845	8/5/2015 4:00 PM	Paul S Bernstein, MD	AHC Fond du Lac Cardiology	920-907-7000	FDL

Follow-up

Return in about 2 weeks (around 10/14/2014).

Conditions Discussed Today or Order-Related Diagnoses

Low back strain, subsequent encounter - Primary

Your Vitals Were

 BP
 Pulse
 Resp
 Height
 Weight
 BMI

 122/74
 72
 18
 5' 11"
 168 lb
 23.44 kg/m2

Smoking Status

Current Every Day Smoker

Current Medications (as reported by you and your prescribing providers):

piroxicam (FELDENE) 20 MG capsule 10 capsule 1 9/19/2014
Sig - Route: Take 1 capsule by mouth daily. Take 1 cap daily with food. Fill RX as Work Comp - Oral

Class: Eprescribe

30 tablet

cyclobenzaprine (FLEXERIL) 10 MG tablet

Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral Class: Eprescribe

Encounter Date: 09/30/2014

Current Medications (as reported by you and your prescribing providers): (continued)

	Disp	Refills	Start	End
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every 6	60 tablet hours as need	2 ed for Pain Ora	9/4/2014 al	3/3/2015
Class: Eprescribe metaxalone (SKELAXIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth 3 times Class: Eprescribe	30 tablet daily Oral	0	8/25/2014	
naproxen (NAPROSYN) 500 MG tablet Sig - Route: Take 1 tablet by mouth 2 times Class: Eprescribe	40 tablet daily Oral	1	8/25/2014	8/25/2015
HYDROcodone-acetaminophen (NORCO) 5 325 MG per tablet Sig - Route: Take 1-2 tablets by mouth ever		0 eeded for Pain -	8/20/2014 Oral	
atorvastatin (LIPITOR) 40 MG tablet Sig - Route: Take 1 tablet by mouth daily Class: Eprescribe	30 tablet	11	7/30/2014	
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every 8 Class: Eprescribe	30 tablet hours as need	0 led for Pain Ora	7/15/2014 al	
aspirin 325 MG tablet Sig - Route: Take 325 mg by mouth nightly. Class: Historical Med	- Oral			
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take 1 tablet by mouth as need Class: Historical Med				
Allergies as of 9/30/2014 No Known Allergies	ACCOUNTED TO THE CONTROL OF THE CONT			
mmunization History as of 9/30/2014 Tdap	1/26/2012			
Problem List as of 9/30/2014 Tobacco abuse disorder				
Dyslipidemia Family history of coronary artery disease				

Coronary Artery Disease- Stent placement 2009

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☐ Employer notified via phone regarding work restrictions and treatment plan.

Class: Eprescribe

ibuprofen (MOTRIN) 800 MG tablet

Encounter Date: 10/14/2014



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Description: 56 year old male Joseph Buck Provider: Stephen G Kennebeck, PA 10/14/2014 1:30 PM Worker's Comp Department: Fdl Occ Health Your Information Preferred Language Date Of Birth Race Ethnicity 9/20/1958 White Not of Hispanic or English Latino Origin Your To Do List Future Appointments: Provider: Department. Dept Phone: Center: AMCO Fond du Lac 920-907-7270 MCO 10/20/2014 1:30 PM Kristina M Barrett, PT Aurora Rehab Center osw Ahmet Dervish, MD AHC Oshkosh West 920-303-8700 10/22/2014 8:30 AM Pain Management AHC Fond du Lac 920-907-7000 **FDL** 10/24/2014 11:00 AM Stephen G Kennebeck, Occupational Health PA Paul S Bernstein, MD AHC Fond du Lac 920-907-7000 **FDL** 8/5/2015 4:00 PM Cardiology Follow-up Return in about 10 days (around 10/24/2014). We Ordered or Performed the Following SERVICE TO PAIN MANAGEMENT [9063 Custom] Conditions Discussed Today or Order-Related Diagnoses Low back strain, subsequent encounter - Primary Your Vitals Were BMI BP Pulse Resp Height Weight 88 18 5' 11" 168 lb 23.44 kg/m2 130/82 Smoking Status **Current Every** Day Smoker Current Medications (as reported by you and your prescribing providers): Disp Refills Start End 1038 30 tablet 9/4/2014 cyclobenzaprine (FLEXERIL) 10 MG tablet Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral

2

60 tablet

9/4/2014

3/3/2015

Current Medications (as reported by you and your prescribing providers): (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth every				
Class: Eprescribe				
naproxen (NAPROSYN) 500 MG tablet	40 tablet	1	8/25/2014	8/25/2015
Sig - Route: Take 1 tablet by mouth 2 time	es daily Oral			
Class: Eprescribe				
atorvastatin (LIPITOR) 40 MG tablet	30 tablet	11	7/30/2014	
Sig - Route: Take 1 tablet by mouth daily.	- Oral			
Class: Eprescribe	20 tablat		7/45/2044	
ibuprofen (MOTRIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth every	30 tablet	0 ad for Pain - C	7/15/2014	
Class: Eprescribe	o nours as neede	tu ioi Faiii C	nai	
aspirin 325 MG tablet				
Sig - Route: Take 325 mg by mouth nightly	y Oral			
Class: Historical Med				
Pseudoeph-Doxylamine-DM-APAP (NYQU	IIL			
PO)				
Sig - Route: Take 1 tablet by mouth as ne	eded Oral			
Class: Historical Med				
piroxicam (FELDENE) 20 MG capsule	10 capsule	1	9/19/2014	
Sig - Route: Take 1 capsule by mouth dail	y. Take 1 cap dai	ly with food. F	III RX as Work Comp -	Oral
Class: Eprescribe	30 tablet		0/05/001/	
metaxalone (SKELAXIN) 800 MG tablet Sig - Route: Take 1 tablet by mouth 3 time		0	8/25/2014	
Class: Eprescribe	33 daily Orai			
HYDROcodone-acetaminophen (NORCO)	5- 15 tablet	0	8/20/2014	
325 MG per tablet				
325 MG per tablet Sig - Route: Take 1-2 tablets by mouth even	ery 6 hours as ne	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth even	ery 6 hours as ne	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth every significant state of 10/14/2014	ery 6 hours as ne	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth eve llergies as of 10/14/2014 No Known Allergies	ery 6 hours as ne	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth ever Ilergies as of 10/14/2014 No Known Allergies nmunization History as of 10/14/2014		eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth ever Ilergies as of 10/14/2014 No Known Allergies nmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria	1/1/1997	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth everallergies as of 10/14/2014 No Known Allergies nmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria Tdap		eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth everallergies as of 10/14/2014 No Known Allergies nmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria Tdap	1/1/1997	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth everallergies as of 10/14/2014 No Known Allergies mmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria Tdap roblem List as of 10/14/2014	1/1/1997	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth everallergies as of 10/14/2014 No Known Allergies nmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria Tdap roblem List as of 10/14/2014 Tobacco abuse disorder	1/1/1997	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth everallergies as of 10/14/2014 No Known Allergies mmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria Tdap roblem List as of 10/14/2014 Tobacco abuse disorder Dyslipidemia	1/1/1997 1/26/2012	eded for Pain.	- Oral	
Sig - Route: Take 1-2 tablets by mouth everallergies as of 10/14/2014 No Known Allergies nmunization History as of 10/14/2014 Td:Adult type tetanus/diphtheria Tdap roblem List as of 10/14/2014 Tobacco abuse disorder	1/1/1997 1/26/2012	eded for Pain.	- Oral	

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== 1039



WORKER INJURY RETURN TO WORK REPORT AHC FOND DU LAC OCCUPATIONAL HEALTH 210 Wisconsin American Drive Fond du Lac, WI 54937

October 14, 2014

EMPLOYEE INFORMATION:

NAME: Joseph Buck DOB: 9/20/1958

DATE OF INJURY: 8/20/2014

EMPLOYER INFORMATION:

MERCURY MARINE 920-929-5000

WC Contact:

DATE OF SERVICE: 10/14/2014. Provider: Stephen Kennebeck, PA-C

Time out: 2:11 PM.

DIAGNOSIS:

1. Low back strain, subsequent encounter

STATUS: WORK RELATED

DISPOSITION:

FOLLOW-UP VISIT(S): 10/22/14 dr dervish @8:30am 10/24/2014 @11:00am kennebeck

(Return sooner if condition worsens.)

RETURN TO WORK NOW:

WITH limitations as stated below

ACTIVITY LIMITATIONS:

Are to be followed both at work and at home and are in effect until next clinic visit:

Lifting, carrying, pushing pulling limit of 15-20 lbs
Avoid the most extensive stooping, bending, strete
Alternate sitting/standing as needed

Avoid the most extensive stooping, bending, stretching, twisting

Other comments, limitations, or medications: Continue physical therapy. Referral to Pain Management.

THANK YOU: for the privilege of serving as your Specialty Occupational Medicine Program!

If there are any questions, please call the clinic at Dept: 920-907-7000. Employer has been called at the time of initial injury visit, and the provider's typed first report is faxed to employer shortly after that initial visit with additional medical details. Call us if any subsequent updates are needed. Signed, R. Sturm, MD, MPH, Medical Director.

To employee: The Aurora medical provider sets your medical activity limitations with the goal of keeping you working. Your employer will determine if and when appropriate limited work is available for you. Your employer, not the medical provider, will find you a job or else remove you from work if there is no appropriate limited duty. Discuss this with your employer. If you anticipate problems commuting to work or need time off for other reasons, discuss these concerns with your employer. To employer: locating appropriate limited work for some injuries may require a dynamic approach; please call our case manager nurse or medical provider if you have questions regarding specific cases.

Employer	notified vi	a phone	regarding	work	restrictions	and	treatment	plan.
	IIVUIIIVU VI	W MIIWIIW		80 2111	10001000010	*** * ***	25 mm 22 1 1 m 1 1 9	